

Please Read Instructions on Page 2.

TRANSCRIPT ORDER FORM

1. REQUESTOR'S INFORMATION:		NAME James Hart Stern	TELEPHONE NUMBER 323 842-0945
DATE OF REQUEST 3/11/2019	EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) jamesstern@thejamesstern.com		
MAILING ADDRESS 12625 Frederick Street Ste I-5	CITY, STATE, ZIP CODE Moreno Valley, Ca 92553		
2. TRANSCRIPT REQUESTED:	NAME OF COURT REPORTER Carol Jacobs White OR CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER 317 CD72	CASE NAME Sines, Et. Al. Vs. Kessler, Et al	JUDGE'S NAME Hon. Joel C. Hoppe	
DATE(S) OF PROCEEDING(S) 3/1/2019	TYPE OF PROCEEDING(S) Telephonic hering on motions	LOCATION OF PROCEEDING District court Charlottesville Div.	
REQUEST IS FOR: (Select one)	<input checked="" type="checkbox"/> FULL PROCEEDING	OR	<input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>)
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):			
3. SERVICE TURNAROUND CATEGORY REQUESTED: (See Page 2 for descriptions of each service turnaround category.)			
<input type="checkbox"/> Ordinary (30-Day)	<input checked="" type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day			
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE 3/11/2019	SIGNATURE 		

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

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NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.

PRINT

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